

# Self Declaration Form

This is your self declaration and criminal history application. Complete the entire form. If you need additional room, please attach a separate sheet.

Name			Daytime Phone		
			Home Phone		
Address					
City	State	Zip			

## General Information

SSN		Date of Birth	State of Birth	Country of Birth	
Gender	Male	Female	Height		
			Weight		
Race			Eye Color		
			Hair Color		

## Employer Information

Employer Name			Daytime Phone		
			Fax Phone		
Address			Email Address		
City	State	Zip			

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Please check all the services you provide			
	Adoptive Parent Applications and Adults in the Home through DHW	EMS Certification Applicant Volunteers	Hospice Service
	Adult Day Care Providers	Foster Care Applicants and Adults in Home through DHW	Intermediate care facilities for the mentally retarded (ICF/MR)
	Adult Day Treatment Facility	ICPC Interstate Compact Foster Care	Licensed Residential or Assisted Living Facilities
	Alcohol/Drug Abuse Prevention & Treatment Serving Children	Licensed Child Care Providers and Staff	Skilled Nursing Facilities
	Certified Family Homes and Adult in Home	Licensed Residential Care or Assisted Living Facility Owners or Administrators	Hospitals with Swing Beds
	Children's Residential Care Facilities	Mental Health Clinics	Adoptive Parent Applications and Adults in the Home through an agency
	Respite Care Providers for Children's Mental Health	Personal Assistance and Person Care Providers	Volunteers with DHW
	Children's Therapeutic Outdoor Program	Psychosocial Rehabilitation Agencies	Other (may include blind commission; or other agency)
	Department of Health & Welfare Employees Providing Direct Care, Employees at State Institutions, and EMS Communication Specialists and Managers	Residential Habilitation Providers and Staff	Foster care purpose code X
	Developmental Disabilities Agencies	Service Coordinators and Paraprofessionals	
	EMS Certification Applicants	WIA Child Mentoring Program Volunteer	Please Provide additional information if other:
	Contractors with DHW as specified in the contract	Home Health Care Provider Agencies	

Former Names	
List former names (maiden, AKA's etc...)	

Criminal Record History			
		Yes	No
1	Have you ever been arrested or received a citation for any misdemeanor or felony offense? Mark YES even if the action resulted in dismissal, withheld judgment or the conviction was sealed		
2	If answered yes to question one has this been adjudicated		
3	Have you ever plead guilty or been convicted of a crime as an adult or juvenile? Mark YES even if you received a withheld judgment or the conviction was sealed. Include traffic violations such as DUI, Driving Without Privileges, Reckless Driving, Inattentive Driving or Negligent Driving		
4	Have you ever been on probation in this or any other state? Mark YES even if the probation was unsupervised.		

If you answered yes to any of the above questions you must complete a criminal offense information record for each offense.

Criminal Offense Information			
1	What was the date of your arrest or citation		
2	Was this action while you were an adult or juvenile		
3	What was the specific charge or offense at the time of arrest or citation		
4	Where did you appear in Court		
	City		
	County		
	State		
5	Was the final charge a felony or misdemeanor		
6	What was the final result of the court		
	Convicted	Dismissal	Withheld Judgment Found Not Guilty
	Other	Explain:	
6a	Determined criminal offense after court or plea		
6b	Date of conviction or adjudication of offense		
7	What was your sentence		
	Not Applicable		
	A	The amount of jail time whether served or suspended	
	B	The amount of any fines	
	C	The amount of any restitution	
	D	Type of Probation served	None Supervised Unsupervised
	E	Starting Date of Probation	
	F	Ending Date of Probation	
	G	Probation officer name	
	H	Probation was served in what city	
	I	Probation was served in what County	
	J	Probation was served in what State	
	K	Did you have any probation violations	
8	Other requirements of the court (include community service, evaluations, counseling requirements, etc...)		
9	What have you done to change your behavior since this incident		

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	E	Starting Date of Probation	

	J	Probation was served in what State	
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4	Where did you appear in Court	
	City	
	County	
	State	
5	Was the final charge a felony or misdemeanor	
6	What was the final result of the court	
	<div style="display: flex; justify-content: space-between;"> <span>Convicted</span> <span>Dismissal</span> <span>Withheld Judgment</span> <span>Found Not Guilty</span> </div>	
	Other Explain:	
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	F Ending Date of Probation	
	G Probation officer name	
	H Probation was served in what city	
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### Pending Charges

1	What are the pending charges against you	
2	When is your court date for the charges	
3	Where are the pending charges	
	City	County State

### Warrants

Do you have current outstanding warrants	Yes	No
What are the outstanding warrants against you		
Where are the pending warrants		
City	County	State

### Child Protection Involvement

1	Have you or anyone in your household ever been involved in a child protection complaint with the Department of Health and Welfare	Yes	No
2	Date of Child Protection Complaint		
3	Where did the child protection complaint take place		
	City	County	State
4	Who was your caseworker		
5	Describe what happened		
6	Were your children removed from your home	Yes	No
7	Were your children returned to your home	Yes	No
	If yes, When		
8	Did you have any criminal charges filed against you for the child protection action	Yes	No
9	What were you required to do by social services, or by the court		

### Adult Protection Involvement

1	Have you or anyone in your home ever been involved in a adult protection complaint	Yes	No
2	Date of the adult protection complaint		
3	Who conducted the investigation		
4	Occurred where		
	City	County	State
5	Describe what happened		
6	What was the outcome of the investigation		

### Medicare/Medicaid Exclusion

1	Have you ever had a Medicare/Medicaid provider exclusion from Health and Human Services Office of Inspector General	Yes	No
2	What incident occurred that caused your exclusion from the Medicare/Medicaid Provider list		
3	When did the exclusion occur		

4	Where did the incident occur		
	City	County	State
5	For how long is the exclusion in effect		

Driver's License Information			
1	Do you currently have a valid driver's license	Yes	No
2	If you have a current driver's license, In what state		
3	Drivers License Number		
4	Has your driver's license ever been suspended	Yes	No

You have now completed your self declaration. To complete your criminal history application; the Department must collect your fingerprints. You must either schedule a fingerprint appointment or have your fingerprints mailed to the criminal history unit within 30 days

If you are being fingerprinted by an agency or law enforcement, sign your self declaration and mail it along with your signed fingerprint cards to the Criminal History Unit.

I authorize the Department of Health and Welfare to obtain background and criminal history information from all sources deemed necessary and release it as required without liability. I understand if I have been convicted of a crime, I may be contacted by the Department and asked to provide court documents or disposition records in order to complete the processing of my application. I understand the process for conducting criminal history checks and approving or denying applications is detailed in the Rules Governing Mandatory Criminal History Check, IDAPA 16.05.06.

#### Affidavit

I, \_\_\_\_\_, solemnly swear (or certify) that the answers to all questions in this application including any supplemental sheets are true, complete and correct, and that I have not been convicted of, or received a withheld judgment for any of the designated crimes. I further understand that this Criminal History Background Check Authorization and Self Declaration Form will be filed with the State of Idaho, Department of Health and Welfare and failing to disclose information or falsification of this form may be punishable by prosecution for perjury pursuant to Section 18-5401, Idaho Code.

\_\_\_\_\_  
Applicant Signature (or parent/guardian if under 18)

SS

State of Idaho )  
County of \_\_\_\_\_ )

Subscribed and sworn (or affirmed) before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature  
My Commission expires on \_\_\_\_\_, 20\_\_\_\_.